

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space

**OCT 26 1937**

**1. PLACE OF DEATH**

County St. Louis  
Township St. Ferdinand  
City St. Louis, Missouri (No. ....)

Registration District No. 784  
Primary Registration District No. 6030

File No. 35205  
Registered No. 165  
St. .... Ward)

**2. FULL NAME**

Sister Mary Clara Sills  
(a) Residence, No. Villa Beau-Riverview St. Louis Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-1860

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>67</u>	<u>77</u>	<u>4</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Teacher  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME John Sills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Dorothy Cawie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Sister Mary Ludwiga  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Villa Beau DATE September 4, 1937

19. UNDERTAKER Fendler, Kel Co  
(ADDRESS) 7420 Michigan St

20. FILED Sept 17 1937 W. A. Zeitler  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to Aug 29<sup>th</sup> 1937  
I last saw her alive on Aug 29<sup>th</sup> 1937 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus and adnexa Date of onset 2

Other contributory causes of importance:

Name of operation Hone Date of

What test confirmed diagnosis? E. O. M. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert A. Henck, M. D.

(Address) 5388 N. Union Blvd

Per C. Smick

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

